

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency, code agency subelement and submitting office number <i>(Example-xx-xx-xxxx)</i>		01		B. OFFICE USE ONLY				
						C. Request status (Mark (X) one)				02		
		Initial or Resubmission		Correction or Cancellation								
Section A -- TRAINEE INFORMATION												
1. Applicant's name (Last-First-Middle Initial)				Enter first 5 letters of last name		03		2. Social Security Number		04		
										3. Date of birth (Year and month) <i>(Example - born January 14, 1943 shown as 43/01)</i>		
4. Home Address (Number, street, city, State, ZIP code)				5. Home telephone				6. Position level (Mark (X) one only)				
				Area code		Number		a. Non-supervisory		c. Manager		
								b. Supervisory		d. Executive		
7. Organization mailing address (Branch-Division/Office/Bureau/Agency)				8. Office telephone				9. Continuous civilian service		10. Number of prior non-government training days		
				Area code		Number		Years		Months		
11a. Position title/function			11b. Applicant handi-capped or disabled (See instructions)			12. Pay plan / series / grade / step			13. Type of appointment		14. Education Level	
Section B -- TRAINING COURSE DATA												
15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)						15b. Location of training site (if same, mark box)						
16. Course title and training objectives (Benefits to be derived by the Government)												
17. Catalog / Course No.		18. Training Period (6 digits)			06		19. No. of course hours (4 digits)		07		20. Training codes (See instructions)	
		Year	Month	Day	a. During duty				d. Purpose		Code	08 c. Source
a. Start					b. Non-duty							10
b. Complete					c. TOTAL				b. Type			09 d. Special interest
												11
AGENCY USE ONLY												
Section C -- ESTIMATED COSTS AND BILLING INFORMATION						Section D -- APPROVALS						
21. Direct costs and appropriation / fund chargeable						26a. Immediate supervisor--Name and title						
Item		Amount		Appropriation / fund		Area code/Tel. No./Extension						
		Dollars	Cents									
a. Tuition		\$				b. Signature						
b. Books or materials						Date						
c. Other (Specify)						27a. Second-line supervisor--Name and title						
d. (Enter 4 digits in dollar column)						Area code/Tel. No./Extension						
12 TOTAL		\$				b. Signature						
						Date						
22. Indirect costs and appropriation / fund chargeable						28a. Training officer--Name and title						
Item		Amount		Appropriation / fund		Area code/Tel. No./Extension						
		Dollars	Cents									
a. Travel		\$				b. Signature						
b. Per diem						Date						
c. Other (Specify)						Section E -- APPROVAL/CONCURRENCE						
d. (Enter 4 digits in dollar column)						29a. Authorizing official--Name and title						
13 TOTAL		\$				Area code/Tel. No./Extension						
23. Document/Purchase Order/Requisition No.						b. Signature						
						Approved						
24. 8-Digit station symbol (Example--12-34-5678)						Date						
						Disapproved						
Section F -- CERTIFICATION OF TRAINING COMPLETION												
25. BILLING INSTRUCTIONS (Furnish invoice to):						30a. Certifying official--Name and title						
						Area code/Tel. No./Extension						
						b. Signature						
						Date						
TRAINING FACILITY												
Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.												

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency, code agency subelement and submitting office number (Example-xx-xx-xxxx)		01		B. OFFICE USE ONLY			
								02		Initial or Resubmission	

Section A -- TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial) 				Enter first 5 letters of last name 		03		2. Social Security Number 				04		3. Date of birth (Year and month) <div style="text-align: right; font-size: small;">(Example - born January 14, 1943 shown as 43/01)</div>				05	
4. Home Address (Number, street, city, State, ZIP code) 						5. Home telephone <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;">Area code</div> <div style="width: 100px; border-bottom: 1px solid black;">Number</div> </div>				6. Position level (Mark (X) one only) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Non-supervisory b. Supervisory </div> <div style="width: 45%;"> c. Manager d. Executive </div> </div>									
7. Organization mailing address (Branch-Division/Office/Bureau/Agency) 						8. Office telephone <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;">Area code</div> <div style="width: 100px; border-bottom: 1px solid black;">Number</div> <div style="width: 40px; border-bottom: 1px solid black;">Extension</div> </div>				9. Continuous civilian service <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 40px; border-right: 1px solid black; margin-right: 5px;">Years</div> <div style="width: 40px; border-bottom: 1px solid black;">Months</div> </div>		10. Number of prior non-government training days 							
11a. Position title/function 			11b. Applicant handicapped or disabled (See instructions) 			12. Pay plan / series / grade / step 				13. Type of appointment 		14. Education Level 							

Section B -- TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code) 										15b. Location of training site (if same, mark box) →									
16. Course title and training objectives (Benefits to be derived by the Government)																			

17. Catalog/ Course No. 				18. Training Period (6 digits) <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;">Year</div> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;">Month</div> <div style="width: 20px; border-bottom: 1px solid black;">Day</div> </div>				06		19. No. of course hours (4 digits) <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;"></div> <div style="width: 20px; border-bottom: 1px solid black;"></div> </div>				07		20. Training codes (See instructions) 											
a. Start 				b. Complete 				a. During duty 		b. Non-duty 		c. TOTAL ➤		d. Purpose 				b. Type 		Code 		08 c. Source 		Code 		10	
09 d. Special interest 																						11					

Section C -- TERMINATION AND EVALUATION DATA (To be completed by Trainee)

21. Course was completed a. Yes b. No -- Return this form with a memo explaining circumstances						22. Actual course dates (Month/day/year) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Commenced <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;">Month</div> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;">Day</div> <div style="width: 20px; border-bottom: 1px solid black;">Year</div> </div> </div> <div style="width: 45%;"> b. Completed <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;">Month</div> <div style="width: 20px; border-right: 1px solid black; margin-right: 5px;">Day</div> <div style="width: 20px; border-bottom: 1px solid black;">Year</div> </div> </div> </div>						23. Actual course hours <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 40px; border-right: 1px solid black; margin-right: 5px;"></div> <div style="width: 40px; border-bottom: 1px solid black;"></div> </div>				24. Academic grade/score 			
25. All sessions were attended a. Yes b. No--Explain																			

AREAS OF EVALUATION										Rating		
Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)										A	B	C
26. Stated objective accomplished	A : Yes	B : Partially	C : No									
27. Coverage of subject matter	A : Excellent	B : Sufficient	C : Poor									
28. Organization of subject matter	A : Well organized	B : Adequate	C : Poorly organized									
29. Suitability of instructional materials	A : Excellent	B : Adequate	C : Poor									
30. Level of difficulty	A : Too advanced	B : Appropriate	C : Too elementary									
31. Length of course	A : Too long	B : Appropriate	C : Too short									
32. Amount of outside or evening work	A : Too much	B : Appropriate	C : Insufficient									
33. Effectiveness of instructors	A : Excellent	B : Good	C : Poor									
34. Applicability of subject matter to the job	A : Significant	B : Adequate	C : Insignificant									
35. Facilities	A : Excellent	B : Good	C : Poor									
36. Recommendation to colleagues	A : Highly recommended	B : Recommend	C : Not recommended									
37. Meet career development plans	A : Yes	B : No	C : Not applicable									

Section C -- TERMINATION AND EVALUATION DATA (To be completed by Trainee) -- Continued

38. Comments on strong points of course

39. Comments on weak points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee

Date

Section D -- SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)

44. Have you discussed this course and its application to the job with this employee?

a.

Yes

b.

No

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional comments

29. Signature of supervisor

Date

PERSONNEL USE ONLY